

DEPARTMENT OF EARLY LEARNING

FAMILY HOME CHILD CARE MONITORING CHECKLIST

| FACILITY NAME | | | | CONTROL ID | MONITORING DATE | | | | | | | |
|-----------------------------------|---|--|------------------------|-------------------|----------------------|--|--|--|--|--|--|--|
| STREET ADDRESS | | CITY | STATE | ZIP CODE | TELEPHONE NUMBER | | | | | | | |
| STREET ADDRESS | | CITY | WA | ZIP CODE | TELEPHONE NUMBER | | | | | | | |
| LICENSOR'S NAME | | OFFICE | | | TELEPHONE NUMBER | | | | | | | |
| | | | | | | | | | | | | |
| CODES NA - No | t applicable D – Discusse | d 0 - Ot | oserved | | | | | | | | | |
| | npliance N – Noncomp | | aiver exception grante | d | | | | | | | | |
| POSTING | | | | | | | | | | | | |
| 1. | License visibly posted. (WAC 170-296-0540) | | | | | | | | | | | |
| 2. | Emergency numbers posted. (WAC 170-296-0540) | | | | | | | | | | | |
| 3. | Evacuation plans and procedures including written record of monthly fire drills and smoke detector checks (WAC 170-296-0540) | | | | | | | | | | | |
| 4. | Notification of requirement of copies of current checklist/compliance agreement available for review. (WAC 170-296-0540) | | | | | | | | | | | |
| RECORD KEEPING | | | | | | | | | | | | |
| 5. | Attendance records maintained (sign in/sign out sheets available). (WAC 170-296-0520) | | | | | | | | | | | |
| 6. | Child records complete based of | Child records complete based on sampling of files (see page 2). (WAC 170-296-0510) | | | | | | | | | | |
| 7. | Provider in compliance with insurance requirements. (RCW 43.215.535) | | | | | | | | | | | |
| MEDICATION AND FIRST AID | | | | | | | | | | | | |
| 8. | Provider and staff/volunteers (if applicable) have current CPR/First Aid training. (WAC 170-296-0230) | | | | | | | | | | | |
| <u> </u> | Medications and toxins safely s | Medications and toxins safely stored. (WAC 170-296-0810, 0820) | | | | | | | | | | |
| 10. | First Aid supplies are complete | First Aid supplies are complete and available. (WAC 170-296-0830) | | | | | | | | | | |
| GENERAL SAFETY AND SANITATION | | | | | | | | | | | | |
| 11. | Area that includes licensed child care space is safe, sanitary, free of hazards and in good repair. (WAC 170-296-0720, WAC 170-155-080) | | | | | | | | | | | |
| 12. | Outdoor equipment and ground cover situated and maintained to prevent child injury. (WAC 170-296-1220) | | | | | | | | | | | |
| 13. | Diaper changing area is sanitary and close to hand washing sink. (WAC 170-296-1090) | | | | | | | | | | | |
| 14. | Provider routinely washes hand | Provider routinely washes hands, sanitize and clean surfaces and equipment. (WAC 170-296-0700, 0990, 1040, 1090) | | | | | | | | | | |
| 15. | Smoke detectors (single station | type) operational (r | manually tested). (WA | C 170-296-0580, (| 0650) | | | | | | | |
| STAFFING | | | | | | | | | | | | |
| 16. | Children are within continuous | visual or auditory su | pervision. (WAC 170-2 | 296-1360) | | | | | | | | |
| 17. | Provider and staff understand n | Provider and staff understand mandatory child abuse reporting requirements. (WAC 170-296-1340) | | | | | | | | | | |
| 18. | Provider/child ratios and capacity meet licensing requirements. (WAC 170-296-1350) | | | | | | | | | | | |
| <u> </u> | Provider positively interacts with, disciplines, and guides children. (WAC 170-296-1280, 1390) | | | | | | | | | | | |
| PROGRAM, ACTIVITIES, AND ROUTINES | | | | | | | | | | | | |
| 20. | Developmentally appropriate ac | Developmentally appropriate activities scheduled and planned for age group served. (WAC 170-296-1370) | | | | | | | | | | |
| 21. | Daily routines provide children with a variety of options including large and small muscle activities. (WAC 170-296-1370) | | | | | | | | | | | |
| 22. | Learning and play materials: (WAC 170-296-1370) sufficient quantity and in good repair | | | | | | | | | | | |
| 22. | developmentally appropriate for ages served | | | | | | | | | | | |
| | | | access | | nate for ages served | | | | | | | |
| | | | | | | | | | | | | |
| 23. | culturally relevant 23. A variety of age appropriate play equipment of sufficient quantity for ages served. (WAC 170-296-1240) | | | | | | | | | | | |
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| 24. | | DATE | LICENSOR'S SIGNATURE | DATE | | | | | | | | |
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| FAMILY HOME MONITORING CHECKLIST | | | | | | FACILITY NAME | | | | MONITORING DATE | | | |
|---|-----------------|----------|---------|-------------------------------------|-------------------|----------------------|--------------------|----------------------------|-------------------------|-----------------|-------------------------------|--|--|
| CHILDREN'S FILES (RANDOMLY REVIEW FIVE (5) FILES) | | | | | | | | | | | | | |
| CHILD'S INITIALS | | | LMENT | HEALTH CARE PROVIDER/ DENTIST | HEALTH HISTORY | IMMUNIZATIONS | MEDICAL CONSENT | MEDICATION AUTHORIZATIO | MEDICATION DISPENSED | | | | |
| CHILD#1 | | | | | | | | | | | | | |
| CHILD # 2 | | | | | | | | | | | | | |
| CHILD#3 | | | | | | | | | | | | | |
| CHILD#4 | | | | | | | | | | | | | |
| CHILD#5 | | | | | | | | | | | | | |
| STAFF QUALIFICATIONS (RANDOMLY REVIEW F | VE (5) S | TAFF FIL | ES) AND | OOR REVIEW FAN | ILY HOME | PROVIDER/STAFF | /VOLUNTEE | R FILE | | | | | |
| STAFF/VOLUNTEER NAMES | EMPLO APPLIC | | AGE | CRIMINAL HISTORY CHECK | TB TEST | HIV/AIDS TRAINING | CPR CARD* | FIRST AID * | PROGRAM ORIENTATION* | STARS 20 HRS | TRAINING 10 HRS YEARLY* | | |
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| OBSERVATIONS | | | | | | | | | | | | | |